

AFFIDAVIT OF HEIRSHIP

The undersigned, being first duly sworn, states as follows:

1. I am the daughter of Grace Nichols, who died on January 6, 2003, a resident of Lake County, Indiana. Grace Nichols was married to Carl Nichols who died July 11, 2003, a resident of Lake County, Indiana. After Grace Nichols' death, Carl Nichols never remarried.

2. Grace Nichols had one child, namely Janice R. Williams.

3. Grace Nichols and Carl Nichols took title to the property commonly known at 3233 Condit Avenue, Highland, Indiana 46322 in 1962. The legal description is

Lots 16 and 17, in Block 11 in Golfmoor Addition to the Town of Highland, Lake County, Indiana.

4. Carl Nichols and Grace Nichols remained husband and wife until Carl's death.

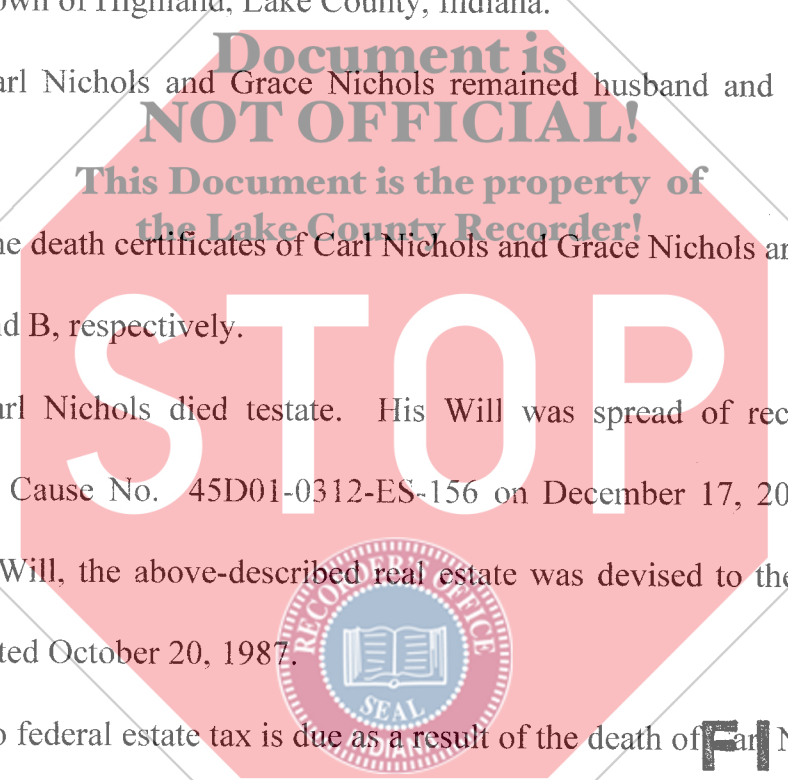
5. The death certificates of Carl Nichols and Grace Nichols are attached hereto as Exhibits A and B, respectively.

6. Carl Nichols died testate. His Will was spread of record in the Lake Superior Court, Cause No. 45D01-0312-ES-156 on December 17, 2003. Pursuant to Item II of said Will, the above-described real estate was devised to the Carl J. Nichols Living Trust, dated October 20, 1987.

7. No federal estate tax is due as a result of the death of Carl Nichols. There is no Indiana inheritance tax due as a result of the death of Carl Nichols.

2004
MAY 11 AM 9:06
038370

STATE OF INDIANA
LAKE COUNTY
RECORDED
FILED FOR RECORD



FILED

MAY 10 2004

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

Janice R. Williams
Janice R. Williams

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920641609

STATE OF FLORIDA)
) SS:
COUNTY OF POIK)

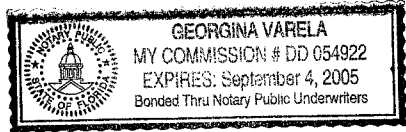
Subscribed and sworn to before me, a Notary Public in and for said County and State, this 19th day of April, 2004.

My Commission Expires: 9/4/05

My County of Residence: POIK

Georgina Varela
Notary Public

GEORGINA VARELA
Printed Name



This instrument prepared by Gilbert F. Blackmun, Attorney at Law, 9006 Indianapolis Blvd., Highland, IN 46322.



ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 041-03

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First Middle, Last) Grace Nichols		2 SEX Female	3a TIME OF DEATH 1:20 P M	3b DATE OF DEATH (Month, Day, Yr) January 6, 2003	
4 *SOCIAL SECURITY NUMBER 304-14-7974	5a AGE—Last Birthday (Years) 83	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) February 19, 1919	
7 BIRTHPLACE (City and State or Foreign Country) Griffith, Indiana	8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence 12382-001938		
9b FACILITY NAME (If not institution, give street and number) 3233 Condit St		9c CITY, TOWN, OR LOCATION OF DEATH Highland		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Carl Nichols	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Sales Person		12b KIND OF BUSINESS/INDUSTRY Manufacturing	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Highland		13d STREET AND NUMBER 3233 Condit St	
13e ZIP CODE 46322	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) White	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input checked="" type="checkbox"/> 8		18 FATHER'S NAME (First, Middle, Last) Jacob Hoogewerf			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Rinkje Zeldenrust		20a INFORMANT'S NAME (Type/Print) Janice Williams			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8918 W. 81st Pl Schererville, IN 46375		20c Relationship Daughter			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) January 9, 2003 Calumet Park Cemetery		21c LOCATION—City or Town, State Merrillville, Indiana	
22a EMBALMER'S NAME Scott J. Prewitt		22b EMBALMER'S LICENSE NO. FDO 1006861		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Stephanie Miller</i>		24b LICENSE NUMBER (of Licensee) FDO 1006015		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FH84300303 Fagen-Miller Funeral Homes Inc 2828 Highway Ave Highland, IN. 46322	
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last a <i>Acute hypoxic encephalopathy</i> b <i>Advanced Alzheimer's</i> c <i>Cerebral</i> d _____ PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I		THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. APR 22 2003			
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) -	
29a CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
29b SIGNATURE AND TITLE OF CERTIFIER <i>Christina</i>		29c MEDICAL LICENSE NO. 0200318		29d DATE SIGNED (Month, Day, Year) 1. 8 03	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 1573 N. Cline Ave Griffith, IN 46319					
31 HEALTH OFFICER'S SIGNATURE <i>Susan J Best D.O.</i>					
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 34e LOCATION (Street and Number or Rural Route Number, City or Town, State) STEPHEN R. STOUGH LAKE COUNTY AUDITOR 000567
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

DECEDENT

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
APR 22 2003

FILED
MAY 10 2004
STEPHEN R. STOUGH
LAKE COUNTY AUDITOR
000567

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 1671-03

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) CARL JOSEPH NICHOLS		2 SEX MALE	3a TIME OF DEATH 4:30 P.M.	3b DATE OF DEATH (Month, Day, Yr.) JULY 11, 2003	
4 *SOCIAL SECURITY NUMBER 312-10-5461	5a AGE—Last Birthday (Years) 91	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr.) APRIL 20, 1912	
7 BIRTHPLACE (City and State or Foreign Country) CEDAR RAPIDS, IOWA					
9a PLACE OF DEATH (Check only one. See instructions)					
8a WAS DECEDENT A U.S. VETERAN? YES	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1945	HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			
9b FACILITY NAME (If not institution, give street and number) 3233 CONDIT ST.			9c CITY, TOWN, OR LOCATION OF DEATH HIGHLAND	9d COUNTY OF DEATH LAKE	
10 MARITAL STATUS WIDOWED	11 SURVIVING SPOUSE (If wife, give maiden name) N/A	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) CARPENTER		12b KIND OF BUSINESS/INDUSTRY CONSTRUCTION	
13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY, TOWN, OR LOCATION HIGHLAND	13d STREET AND NUMBER 3233 CONDIT ST.		
13e ZIP CODE 46322	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) WHITE	
17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (1-4 or 5 +)		18 FATHER'S NAME (First, Middle, Last) SAMUEL JOSEPH NICHOLS			
19 MOTHER'S NAME (First, Middle, Maiden Surname) EMMA KRATZ		20a INFORMANT'S NAME (Type/Print) JANICE WILLIAMS			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8918 W. 81ST. PL. SCHERERVILLE, IN. 46375		20c Relationship DAUGHTER			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) JULY 15, 2003 CALUMET PARK CEMETERY		21c LOCATION—City or Town, State MERRILLVILLE, INDIANA	
22a EMBALMER'S NAME SCOTT J. PRUEWITT		22b EMBALMER'S LICENSE NO. FDO1006861	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licensee) FDO1006015	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FAGEN-MILLER FUNERAL HOME 2828 HIGHWAY AVE. HIGHLAND, IN. 46322 FH8300303		
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Acute hypoxic encephalopathy DUE TO (OR AS A CONSEQUENCE OF)			
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. DUE TO (OR AS A CONSEQUENCE OF)			
		c. DUE TO (OR AS A CONSEQUENCE OF)			
		d. DUE TO (OR AS A CONSEQUENCE OF)			
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I		27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO	
		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) -			
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated					
29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c MEDICAL LICENSE NO. 02001515	29d DATE SIGNED (Month, Day, Year) 7-14-03		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) CHRISTOPHER MCINTIRE 1573 CLINE AVE MERRILLVILLE, IN.					
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		32 DATE FILED (Month, Day, Year) MAY 10 2004		FILED	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no) STEPHEN R. STIGLICH LAKE COUNTY AUDITOR	
		34d DESCRIBE HOW INJURY OCCURRED		34e LOCATION (Street and Number or Rural Route Number, City or Town, State) 000600	
34a PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			